

PART B - FEE(S) TRANSMITTAL

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04859 7590 04/20/2006
MACMILLAN SOBANSKI & TODD, LLC
 ONE MARITIME PLAZA FOURTH FLOOR
 720 WATER STREET
 TOLEDO, OH 43604-1619
 05/25/2006 MBERHE1 00000051 130005 10814921
 01 FC:2501 700.00 DA

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Susan D. Romans	(Depositor's name)
<i>Susan D. Romans</i>	(Signature)
May 22, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/814,921	03/31/2004	John F. Vetelino	I-24954	6349

TITLE OF INVENTION: LATERAL FIELD EXCITED ACOUSTIC WAVE SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	07/20/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
AGUIRRECHEA, JAYDI A	2834		310-338000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MacMillan, Sobanski & Todd, LLC

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of Maine System Board of Trustees, Bangor, Maine 04401

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-0005 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John B. Molnar

Typed or printed name

Date May 22, 2006

Registration No. 31,914

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